

BEST AVAILABLE COPY

(LEFT INSIDE)

If more than 150 claims or 10 actions
staple additional sheet here

| Claim | Date | Claim | Date | Claim | Date |
|----------|------|-------|------|----------|------|
| Original | | Final | | Original | |
| 1 | | 2 | | 3 | |
| 4 | | 5 | | 6 | |
| 7 | | 8 | | 9 | |
| 10 | | 11 | | 12 | |
| 13 | | 14 | | 15 | |
| 16 | | 17 | | 18 | |
| 19 | | 20 | | 21 | |
| 22 | | 23 | | 24 | |
| 25 | | 26 | | 27 | |
| 28 | | 29 | | 30 | |
| 31 | | 32 | | 33 | |
| 34 | | 35 | | 36 | |
| 37 | | 38 | | 39 | |
| 40 | | 41 | | 42 | |
| 43 | | 44 | | 45 | |
| 46 | | 47 | | 48 | |
| 49 | | 50 | | | |

INDEX OF CLAIMS

| | | | | | | | | |
|-------------|-------|-----------|-------|----------|-------|-----------|-------|----------|
| Non-elected | N | Reference | I | Allowed | A | Cancelled | O | |
| Relected | R | | | Appellee | | Defended | | Objected |
| | | | | | | | | |
| | | | | | | | | |

(Through Number)

| POSITION | INITIALS | ID NO. | DATE | FEE DETERMINATION | OLP.E. CLASSIFIER | FORMALITY REVIEW | RESPONSE FORMALITY REVIEW |
|----------|----------|----------|------|-------------------|-------------------|------------------|---------------------------|
| | JLW | 07-18-01 | 48 | 7/24/10, | RM | 38-28-01 | |